Receipts and Disbursements ...port

U.S. Department Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Required of Persons, including Labor Relations Office of Labor-Management Standards No. 1215-0188 Consultants and Other Individuals and Organizations, Washington, D.C. 20210 Expires 11-30-2002 Under Section 203(b) of the Labor-Management (Feb. 1990) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A .- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: Bodman, Longley & Bodman, Longley & Dahling LLP Dahling, LLP, 100 Renaissance Center - Ste. 3400 201 W. Big Beaver - Suite 500 Detroit, Michigan 48084 Troy, MI 48084 3. FILE NO. 4. PERIOD Year Month Day COVERED 02 BY THIS From: REPORT To: 31 02 B.- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT Ex-Cell-O Machine Tools, Inc. 8/16/02 13,504,90 6015 Center Drive. Sterling Heights, MI **\$** 13,504.90 TOTAL C.- STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (c) Expenses (d) Totals (a) Name (b) Salary Expenses . \$ 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) \$ Total Disbusements to officers and employees: D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15. EMPLOYER 17. AMOUNT 16. TO WHOM PAID 18. PURPOSE TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and Partner is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

Troy, MI on: 3/31/03 (if other title, cross out Partner SIGNED: unn Troy MI on: 3/31/05lf other title, cross out and write in correct title above.) and write in correct title above.) City. ... State Date City